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7590 09/22/2003

Lloyd G. Farr  
Nelson Mullins Riley & Scarborough, LLP  
P.O. Box 11070  
Columbia, SC 29211



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jennifer Falcone (Depositor's name)  
Jennifer Falcone (Signature)  
October 14, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/954,829	09/12/2001	Robert O. Huff	03752/09148CON5	8861

TITLE OF INVENTION: NON-IMPACT KEYLESS CHUCK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	12/22/2003

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOWELL, DANIEL W	3722	279-062000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Power Tool Holders Incorporated Christiana, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1196 (enclose an extra copy of this form).

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Lloyd G. Farr

10-14-03

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10/21/2003 HBELETE2 00000086 09954829

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TRANSMIT THIS FORM WITH FEE(S)



LLOYD G. FARR  
REGISTERED PATENT ATTORNEY  
(404) 817-6165  
INTERNET ADDRESS: LGF@NMRS.COM

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October 14, 2003

Mail Stop Issue Fee  
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P.O. Box 1450  
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RE: U.S. Patent Application of Robert O. Huff, et al.  
Entitled: "Non-Impact Keyless Chuck"  
Serial No.: 09/954,829  
Our Ref: 03752/09148-CONS

Dear Sir:

The following are transmitted herewith:

1. Transmittal sheet (original plus one copy)
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Please charge any deficiency or credit any overpayment required by this action to our deposit account no. 50-1196, for which purpose an extra copy of this transmittal letter is attached.

Very truly yours,

Lloyd G. Farr  
Reg. No. 38,446

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Date of Deposit October 14, 2003

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